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		09/844,057
TRANSMITTAL		April 27, 2001
FORM		Volpe et al.
		2644
(to be used for all correspondence after initial t	Examiner Name	Andrew C. Flanders
Total Number of Pages in This Submission	Attorney Docket Number	VAK-PT005.1
	ENCLOSURES (Check all the	hat apply)
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information
Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement	Power of Attorney, Revocation Change of Correspondence Ad Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	
Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks  TURE OF APPLICANT, ATTOR	NEV OR ACENT
Firm Name	<u> </u>	NET, OR AGENT
Signature VOLPE AND KOENIG	s, P.C.	
Printed name Joshua B. Ryan	)	· .
Date August 3, 2005	Re	eg. No. 56,438
I hereby certify that this correspondence is being for		DN/MAILING sited with the United States Postal Service with sufficient or for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on
Signature Adru A	5.62-	
Typed or printed name Joshua B. Rya	A T	Date August 3, 2005
This collection of information is required by 37 CFR process) an application. Confidentiality is governed	1.5. The information is required to obtain or r	retain a benefit by the public which is to file (and by the USPTO to 4. This collection is estimated to 2 hours to complete, including

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Date August 3, 2005

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End to on 12/08/2004.			Complete if Known								
FEE TRANSMITTAL For FY 2005			Application Nu	mber	09/844,057						
			Filing Date		April 27, 2001						
			First Named Inventor		Volpe et al.						
			Examiner Name		Andrew C. Flanders						
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 60.00		27	Art Unit		2644						
			Attorney Docket No.		VAK-PT	005.1					
METHOD OF PAYMENT	Γ (check all	that apply)									
Check Credit Card Money Order Other (please identify):											
Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C.											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
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Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
information and authorization		50 pas 5		iormation officials :	100 00 1110			io di dan dan			
FEE CALCULATION											
1. BASIC FILING, SEAR											
	FILING F	EES mall Entity	SEAF	RCH FEES Small Entity	EXA	INATION Small					
<b>Application Type</b>	Fee (\$)	Fee (\$)	<u>Fee (\$</u>		Fee	(\$) <u>Fee</u>		Fees Paid	<u>d (\$)</u>		
Utility	300	150	500	250	200	10	0 .				
Design	200	100	100	50	130	0 6	5 .				
Plant	200	100	300	150	160	8 (	. 0				
Reissue	300	150	500	250	600	30	. 0				
Provisional	200	100	0	0	(	)	. 0				
2. EXCESS CLAIM FEE	S							S1 (8) S1	mall Entity		
Fee Description Each claim over 20 or, fo	r Daircuac	anch alaim ava	- 20 an	d mare than in t	the orio	inal natan		Fee (\$) 50	Fee (\$) 25		
Each independent claim of									100		
Multiple dependent claim			<b>F</b>					360	180		
Total Claims	Extra Claims	Fee (\$)	-				lent Claims				
HP = highest number of total of	laime naid for	if greater than 20	_ = <u>0.00</u>	)	<u>Fe</u>	<u>e (\$)</u>	Fee Paid	<u>(\$)</u>			
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		Daid for, if greater th	an s								
3. APPLICATION SIZE I If the specification and		xceed 100 shee	ts of pa	per, the applica	tion siz	e fee due	is \$250 (\$12	25 for sma	all entity)		
for each additional									• ,		
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x = 0.00											
<del>- · · · · · · · · · · · · · · · · · · ·</del>		/50 =		_ (round <b>up</b> to a	wnoie ni	ımber) x	<del> </del>	_ = _0.00			
4. OTHER FEE(S)  Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)  Other: One Month Extension of Time Fee 60.00											
Other: One World I	-VIGUSIOIL	OI TIITIE FEE						60.00	<u></u> _		
SUBMITTED BY											
ignature	nb	100.		Registration No.	56,438		Telephone 2	215-568-6	3400		

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Name (Print/Type) Joshua B. Ryan